

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

Boston, MA 02114

My residence, post office address and citizenship are as stated below next to my name.

joint inventor	(if plural na invention e	ames are listed below ntitled <u>ADAPTIVEL</u>) of the sub	ject matter which is claime	below) or an original, first and d and for which a patent is SFORMATION MODULE	
[] [X]						
[]	was described and claimed in PCT Inte					
		at I have reviewed an mended by any amen		nd the contents of the above rred to above.	-identified specification,	
		ne duty to disclose al Regulations, §1.56.	l informatio	on I know to be material to j	patentability in accordance with	
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Full Name of	Inventor:	PATRIZIO VINGI) ARELLI		~ 4	
Inventor's Sig	-	[Ju	Mph	<i>M</i>	Date: May 28,2009	
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